Note: This is sample template it is not an OMB approved form.

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Pottawatomie Telephone Company

Service Provider Name

Pottawatomie Telephone Company

Company Address, City, State, Zip

One Main Street

P.O. Box 66

Earlsboro, OK 74840

Service Provider Type

Wireless

x Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Florence McLaughlin

Contact Tel #

405-997-5201

Fax #

405-997-5500

E-mail Address

flombo@mbo.net

Section 2

Local Area 911 Implementation

List all indivdual local areas covered by this report (e.g., Lee County, Virginia):

Pottawatomie County, Oklahoma

Cleveland County, Oklahoma

Seminole County, Oklahoma

For each area listed above, identify the emergency response point to which calls are now being routed.
Pottawatomie County calls will be routed to the Pottawatomie County Sheriff's office
Cleveland County calls will be routed to the Cleveland County Sheriff's office
Seminole County calls will be routed to the Seminole County Sheriff's office.
Section 3 Certification - To be signed by an authorized representative of the reporting entity
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of
Signature
agnatore
Printed name of authorized representative
Title
Date
This filing is: X original filing revised filing
PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF
THE UNITED STATES CODE, 18 U.S.C. §1001.